

DEPARTMENT OF HEALTH

ANNUAL REPORT



2016-2017





CLINICS
DIVERSIVIT CLINQUES

POPULATION

2015



Nunavut **36,919**



Canada **35,851,744**

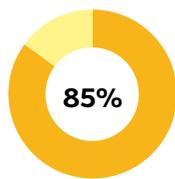
FEMALES

Nunavut **48.4%**
Canada **50.4%**

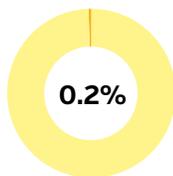
MALES

Nunavut **51.6%**
Canada **49.6%**

INUIT



Nunavut



Canada

BIRTHS

24.5

Births per
1,000 population
Nunavut, 2011

11.0

Births per
1,000 population
Canada, 2011

MEDIAN AGE

**25
YEARS**

Nunavut

**40.4
YEARS**

Canada

TYPICAL REFERRAL PATHWAYS



HEALTH

Age Standardized Incidence Rates,
per 1,000 Population

TUBERCULOSIS

Nunavut **2.69¹**
Canada **0.04²**

1. Coefficient of Variation greater than 16.6
2. Canadian tuberculosis rate not age standardized

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Nunavut **244.24**
Canada **94.21**



MINISTER'S MESSAGE

HON. GEORGE HICKES

Fellow Nunavummiut, it is my pleasure to present Health's first annual report covering activities and operations for the fiscal year 2016-2017.

This is my first year as Minister of Health, and it has been a most rewarding year, both personally and professionally to serve Nunavummiut and health care. My role has been made easier thanks the hard work and dedication of all health care staff of whom I am most proud.

Providing health care in Nunavut, to the residents of our 25 communities, offers unique challenges, opportunities, and expectations. We have a great land, and to offer equitable health care services to all, is a challenge we face on many fronts, including distance, weather and air travel.

Health's staff works diligently to deliver health care to Nunavummiut. You will see in the various departmental communiques in this report that, over the past fiscal year, we initiated many new programs, all with consideration that we provide for the health and welfare of Nunavummiut of all ages. Some examples of notable initiatives that were undertaken include the new Baby Bed program; mental wellness, and suicide prevention; alcohol awareness; oral hygiene; firearms safety; TB Training; and a summit to address addictions.

I am appreciative of the work that our Department does in collaboration with other Government of Nunavut departments and Nunavut Inuit organizations,

including, literacy, suicide prevention, and new Federal legislation around cannabis use. Health is collaborating on these very issues with Education, Justice and Finance, to name a few.

This annual report is evidence that everyone in health, including Community Health Representatives, medical clerk interpreters, nurses, doctors, and headquarters support staff, etc., are not only dedicated, but want to ensure we deliver the best care possible.

We all face personal health challenges as we go through life. As your Minister, I am grateful for the health services we have available and are able to deliver in Nunavut, and I am extremely appreciative of our staff for their commitment to Nunavut health care.



Hon. George Hickey,
Minister of Health



DEPUTY MINISTER'S MESSAGE

COLLEEN STOCKLEY

As the Deputy Minister of the Department of Health, I am pleased to offer our 2016-17 annual report. The report reviews the goals and objectives undertaken by the Department over the past fiscal year, and also presents background information and the context of many of our programs.

I wish to extend a sincere thank you to all Department of Health staff for their support and commitment. Without our staff, the work we have accomplished over the past year to increase our programs and enhance health care delivery would not be possible. Qujannamiik.

I would like to take this opportunity to focus on several key programs that were successfully completed in the past year. Full details of these programs are provided in the annual report.

- The baby bed program was introduced last October to address an opportunity to reduce the risk of Sudden Infant Death Syndrome (SIDS), and to provide new families with information and supplies to help give their new babies a healthy start to life.
- Health's Population Health team successfully negotiated a 10-year agreement with Health Canada and Nunavut Tunngavik Inc. (NTI) to provide continued support to health and wellness programming and capacity building in communities. I'm very pleased to offer congratulations to NTI, Health Canada and our team who worked on the Nunavut Wellness Agreement for receiving the Health Canada Deputy Minister's Award for Excellence in the category of

Leadership. A Deputy Minister's Award is the highest honour presented to employees at Health Canada. The professionalism and dedication demonstrated over the past year, earned the team this distinction.

- The MEDITECH system has been upgraded with new technology to provide health staff with electronic health data record keeping. Health's commitment to patient privacy is foremost, and this move to electronic records is positive step to enhancing patient privacy and confidentiality. Furthermore, electronic records allow clinicians to access a patient's health record no matter where they are located.
- Digital X-ray systems are being installed in health centres throughout Nunavut. The move to digital means faster diagnosis, and the ability to engage with physicians throughout Nunavut and in our southern referral centres.
- Mental Health and The Quality of Life secretariat has made huge strides in addressing the mental health and wellness of Nunavummiut. The Inuusivut Anninaqtuq five year action plan outlines the goals of the Nunavut

Suicide Prevention Strategy [NSPS]. Thank you to Nunavummiut who consulted and to the NSPS partners for a successful launch of the new NSPS earlier this year.

The examples listed are but a few of the many, many programs our Department of Health team has successfully implemented. We have worked hard, but there is much more to do. It's the commitment of the Health team, the support of our Minister of Health George Hickes and his cabinet colleagues, and regular Members of the Legislative Assembly as well as the dedication of Government of Nunavut departments that provide support and services to Health, that enables us to move forward. Our mission is simple: *"Through collaboration, innovation and integration of Inuit societal values, we will provide excellent health care services that empower Nunavummiut to live healthy lives."* and with the dedicated support from Nunavummiut and the staff we have in Health, we will fulfill it.

It's a pleasure to work with this team!



Colleen Stockley

Deputy Minister of Health

VISION:

Healthy Nunavummiut

MISSION:

Through collaboration, innovation and integration of Inuit societal values, we will provide excellent health care services that empower Nunavummiut to live healthy lives.

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PRINCIPLES AND VALUES

The Department of Health is guided by the following Inuit societal values:

INUUQATIGIITSARNIQ

respecting others, relationships and caring for people.

TUNNGANARNIQ

fostering good spirit by being open, welcoming and inclusive.

PIJITSIRNIQ

serving and providing for family and/or community.

AAJIIQATIGIINNIQ

decision making through discussion and consensus.

PILIMMAKSARNIQ/PIJARIUQSARNIQ

development of skills through observation, mentoring, practice and effort.

PILIRIQATIGIINNIQ/IKAJUQTIGIINNIQ

working together for a common cause.

QANUQTUURNIQ

being innovative and resourceful.

AVATITTINNIK KAMATSIARNIQ

respect and care for the land, animals and the environment.



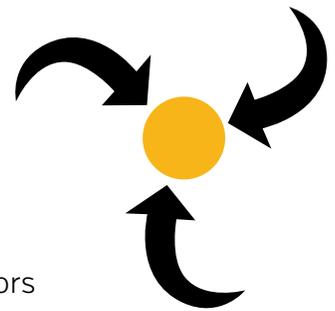
DIVISIONS





OPERATIONS

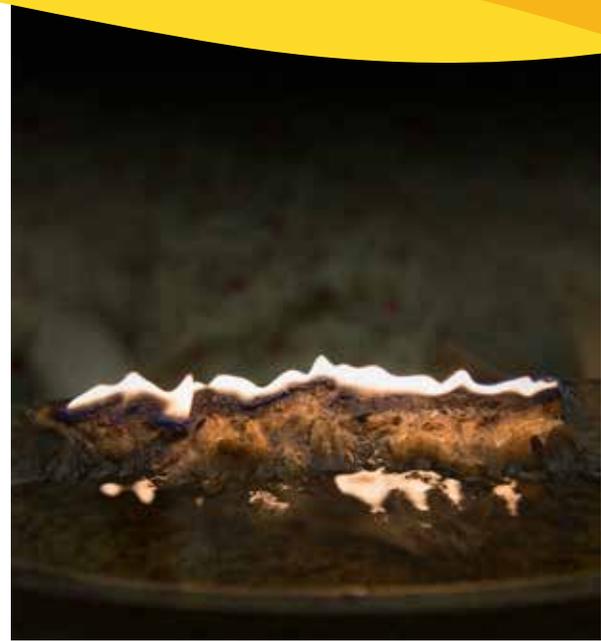
In 2016/2017, the Health Operations Division established and undertook work in relation to 10 priority areas to move Health's Strategic Plan forward. This involved regular meetings of the four Executive Directors (Kitikmeot, Kivalliq, Qikiqtaaluk, Iqaluit), both face-to-face and via teleconference, with the territorial specialists and senior management. As well, the Supervisors of Community Health Programs (SCHPs) came together for a conference in November 2016, with 21 communities represented.



1. QUALITY IMPROVEMENT FRAMEWORK AND PLAN

The Operations Division is in the process of laying the groundwork for strengthening the quality improvement capacity within the healthcare delivery system. Key work has started, including development of a Quality Improvement framework, implementation plan, and resource kit. As well, throughout the year, several new policies and medical directives were introduced for the community health and public health nursing programs to support timely access to quality patient care.

In addition, the Operations Division began standardizing the process for managing patient safety events across the territory. In the past year, this process has included the creation of a new disclosure policy as well as a patient safety event reporting policy.



2. HEALTH INFORMATION

Throughout the past year, the Operations Division worked with the Population Health Division to begin planning for an integrated Health Information Unit (HIU). From a healthcare delivery perspective, this is particularly critical to performance management, quality improvement and informed decision making. Groundwork was undertaken to establish a framework for identifying community-level health service data requirements, as well as monitoring and outcome reporting needs at the regional and territorial levels.

3. SYSTEM PERFORMANCE MANAGEMENT

Over the past year, the Operations Division has developed the capacity to plan and track deliverables across various strategies, plans, report recommendations, audits, etc. This has supported successful implementation of Health's work plans – for instance, the recommendations from the external review regarding the infant death in Cape Dorset, and the inquest into suicide in Nunavut. The tracking system processes have been documented to begin preparing for the purchase of software to support the requisite data collection and reporting.

The Operations Division has also developed a performance management framework to guide the development of appropriate monitoring and outcome measures for the healthcare delivery system, as well as reporting and analysis capacities. Implementation will begin in the next year, as resources allow.

4. WORKING WITH PARTNERS

During the past year, Health co-chaired the Quality of Life Committee with the Department of Family Services. This committee has the mandate to coordinate Government of Nunavut departmental initiatives which impact the lives of Nunavummiut, and involves Departments such as Education, Culture and Heritage, Housing, Community and Government Services, and Finance.

The Mental Health and Addictions unit organized and hosted a “Train the Trainer” program to support cross-departmental implementation of the Interagency Sharing Protocol in Iqaluit on March 30, 2017. Staff representatives were trained from the Departments of: Family Services, Education, Justice and Health.

As well, the Mental Health and Addictions unit provided funding for staff from various GN Departments and community organizations to attend the Ilisaqsavik counselling training course in Clyde River. The course, which ran from April 25



to May 5, 2016, provided training to 25 students and four community mental health staff. The course held July 4 to 14, 2016, provided training to 23 student attendees and three community mental health staff.

Beginning in June, the Kitikmeot Regional Environmental Health Officer (EHO) began offering food safety training in the region. Training materials are provided by TrainCan, Inc., which are widely used for similar programs in Canada and the USA.

During this year, 95 people were provided with training which included the opportunity to write an exam. Successful participants received a certificate

which is accepted throughout Canada's foodservice industry. Participants included: Community Health Representatives, day care employees, wellness staff, Continuing Care Centre staff, Northern Store and Co-op Store employees, hotel staff, restaurant staff, and the general public.

In the Qikiqtaaluk Region, food safety courses were conducted in two communities: Pangnirtung and Igloolik. A booklet promoting country food was distributed in community day cares, schools and other settings.

During the past year, the Operations Division worked closely with the Department of Family Services to complete a review of best practices in complex case management, intended to lay the ground work for a future inter-departmental protocol.

Regional Executive Directors traveled to communities in their regions and met with local hamlet representatives and healthcare staff. The central focus of these trips was to engage in discussions regarding the specific needs of local communities, as well as to understand any issues regarding the relationship between the health centre and the public.

5. QIKIQTANI GENERAL HOSPITAL

On March 15, 2017, Qikiqtani General Hospital (QGH) officially opened the renovated East Wing. Many dignitaries were present and joined in the event. During this opening ceremony, Minister Hickes reinforced the importance of Health providing clients with the care they need (including specialized care) closer to home. The new wing has provided the opportunity to begin health service integration in Iqaluit. Home Care has moved into the QGH facility, and over the next year, the Family Practice team and Rehabilitation Services will also make a similar transition.

A review of Iqaluit healthcare service delivery was completed during the year, which laid the groundwork for updating program goals, streamlining workflows, realigning staffing, and addressing service gaps. The process of implementing the new primary care model has been initiated.

In the past year, QGH was successful in staffing the Respiratory Technologist

positions and as a result, in partnership with Pediatric Services, has implemented a Pediatric Asthma clinic. This is in addition to the adult clinic, which is now fully operational.

QGH has purchased Continuous Positive Airway Pressure (CPAP) treatment equipment, and implemented a CPAP program for pediatric patients. This program provides pediatric patients who are challenged with respiratory issues access to a procedure that is less invasive and reflects the Canadian pediatric care standard.



QGH has begun to action the recommendations from the external Operating Room [OR] review. One recommendation includes opening a second OR. Progress to date includes:

- colonoscopy program and wait list management
- specialist surgeries
- surgical staff policy revision
- conscious sedation at QGH West for dental and other procedures, and
- surgical procedure cancellation replacement.

6. SENIORS TRANSITION

In February 2017, Health successfully opened an eight-bed longterm care facility on the second floor of the Kitikmeot Health Facility in Cambridge Bay. This facility is operated by a staff of 17, including 11 new continuing care workers who were locally trained and hired by Health. This facility is fully functional, with its grand opening held on March 22, 2016.



In addition, a new Home and Community Care Program was created in the community of Baker Lake. The Program staffing includes a Supervisor of Home and Community Care, three Home and Community Care Workers Level 1, and two Home and Community Care Workers Level 2. Services will be consistent with the other communities across the territory and include homemaking supports, personal care services, home nursing, and respite care.

Throughout the year, Health Operations worked closely with Family Services to prepare for the transition of responsibility for Elders' Homes in Iqaluit, Baker Lake and Arviat to Health. Each of these homes has an eight bed capacity and are designated to provide Level 2 or 3 assisted-living residential care for seniors in Nunavut. This transfer streamlines services and ensures elders receive the very best continuum of care. See levels of care descriptions on page 11.



7. MODEL OF CARE

The Operations Division has been engaged in supporting planning for an updated model of local healthcare delivery – commonly called “The Model of Care”. Local, regional and territorial staff at all levels have provided input to consultants working on the project.

LEVELS OF CARE DESCRIPTIONS WITH EXAMPLES

LEVEL 1 < 4 hours of care

The client can live in her own home independently with occasional support from family members and/or the home care program.

Mary, 43, lives alone in her own home. She has arthritis and can manage most tasks, but receives support for light housekeeping from home and community care.

LEVEL 2 4-8 hours of care

The client requires some assistance to be mobile, may display some behavioural issues and requires minimal to moderate daily support, all of which can be provided at home with significant support from the home care program or in a facility that provides supportive care.

Pauloosie, 55, has a heart condition. He needs help with bathing and meal preparation. He and his family are supported by home and community care.

LEVEL 3 8-12 hours of care

The client requires care and support that can be provided at home with significant support from the home care program or in a facility that provides supportive care.

Jacobie, 62, needs evening and weekend care that is not available from home and community care, so he requires placement in an Elders Home.

LEVEL 4 12-16 hours of care

The individual requires significant care and support that exceeds what can be provided at home and requires placement in a Continuing Care Centre.

Solomon, 92, had a severe stroke. He now has physical disabilities and cognitive decline. He requires placement in a Continuing Care Centre.

LEVEL 5 > 16 hours of care

The individual requires 24 hour supervision and care. May include Nunavummiut who have been diagnosed with dementia.

Rita, 76, is in the late stage of dementia. She is non-verbal and wanders. She requires placement in a secure dementia care unit.



8. COMPETENCY BUILDING TOOLS

Training and ongoing professional development are key to meeting Health's goal of having a competent, sufficient, stable, appropriate and well-supported healthcare workforce. During the year, the Operations Division undertook multiple initiatives in this area.

A Continuing Competence Training Program for mental health professionals was developed to provide an ongoing method of providing updates on best practices and departmental programming for Community Psychiatric Nurses and Mental Health Consultants. Since April 2016, 15 clinicians from across the territory have completed the program.

During the year, nursing staff from the Qikiqtaaluk Region attended training at QGH. The clinical education programs included: obstetrics orientation, neonatal resuscitation, and post-neonatal resuscitation. This training is available to staff from across the territory.

Under the direction of the Chief Nursing Office (CNO), nursing competencies were documented for the Community Health Nurse, Public Health Nurse and Home Care Nurse positions. Nursing job descriptions have been standardized across the regions. This lays the groundwork for identifying the full scope of future professional development programming.

The CNO led development of an advanced health assessment training module. Work is now underway to deliver this as an online course. A one-year mentorship program for new nursing grads from Nunavut Arctic College was introduced. Four graduates entered the program in Iqaluit following their successful completion of the National Nursing registration exam.

The Kitikmeot Regional Office organized a pair of two-week customer service training programs in Cambridge Bay over the past year in response to a recommendation from the Kitikmeot Mayors' Forum. These programs were very successful, with all Clerk Interpreters from the Region participating. Program areas addressed in the training sessions included: roles and

responsibilities, community development, team building, communications skills, conflict management, time management, medical travel policy, coping strategies, making effective decisions, and creative problem solving.

The TB-DOTS (Tuberculous-Directly Observed Treatment Short course) training program was held in Iqaluit from March 7 to 10, 2017, with 20 individuals from 10 communities participating. DOTS is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy.

The curriculum was based on materials from several sources which were adapted to reflect the Nunavut TB Program and community context.

The Laboratory Unit at the Kivalliq Health Centre developed and implemented an orientation guide for new nurses.

A new contract for basic radiology training was signed at the end of the fiscal year, with training to begin in the new year.



9. OPERATIONAL STAFFING

The Operations Division worked closely with Human Resources over the past year to better understand the factors contributing to the high nursing vacancy rate and related hiring challenges. A special project was undertaken from November through January to ensure adequate staff was in place during the whooping cough outbreak, holidays, and influenza season. This was followed by engaging consultants to work closely with Health to develop plans for: a) improved indeterminate hiring practices, b) creation of a Nursing Locum Program [casual hires and agency nurses], and c) a surge capacity plan [rapid deployment of additional nurses]. This work has clarified the respective roles and responsibilities of Operations and Human Resources. Implementation of these plans over the coming year will be monitored and carefully managed.

The groundwork for improved orientation and clinical supports for nursing staff was also implemented throughout the past year.

10. OPERATIONAL ADMINISTRATION PRACTICES

During the past year, the Operations Division has engaged in a project to improve contract initiation and management practices. This involves working closely with both CGS and Health's Corporate Services Division. Dedicated expertise has been applied to capital planning and includes renovations, new health centre design, and repurposing of existing space [e.g. QGH, Cambridge Bay long-term care renovations, Cambridge Bay Mental Health facility, the Rankin Inlet group home].

Significant progress has been made towards standardizing the purchasing of supplies and equipment. Work in this area will continue.

The regional offices have been very involved over the past year in supporting the roll-out of the MEDITECH patient information system in communities across the territory. This electronic medical record system is an important tool in developing Nunavut's healthcare delivery system.



As part of the Territory's shift toward digital imaging, the X-ray department at Kivalliq Health Centre successfully transitioned X-ray film reporting from the Northern Medical Unit (NMU) / Winnipeg Health Sciences Centre (HSC) to the Ottawa Hospital in September, 2016. Now, instead of sending X-ray film to Winnipeg NMU/HSC and waiting its return via air cargo, film is sent from all health centres in the Kivalliq to the Kivalliq Health Centre in Rankin Inlet to be scanned and digitized. Once digitized, these images are available for reporting by radiologists at the Ottawa Hospital and for viewing in MEDITECH. This transition, granting the ability to view film electronically, enables

faster turn-around time. Reporting of x-ray exams has improved from 14 to 21 days to within 24 to 48 hours for routine exams, and a few hours for emergency exams performed throughout the entire Kivalliq Region.

Arctic Bay has seen the ongoing construction of a new health centre over the past year. There is rising excitement among the community and staff as the opening approaches. It is a beautiful building with a spectacular view. Health has brought in additional staff to support the necessary organizing and problem solving to ensure a smooth transition into the new space.

PROGRAMS AND STANDARDS

Sivumut Abluqta prioritizes healthy families through strong and resilient communities. The Programs and Standards division directly contributes to this mandate by providing culturally relevant programming to individuals, families, and communities in an effort to strengthen health and quality of life.

The division provides overall management and leadership in developing territorial programs, policies, standards and guidelines, ensuring culturally relevant health programs, proper education and messaging, obtaining client feedback, and the potential for local community capacity building.

Through its Office of Patient Relations, Programs and Standards provides

opportunity for clients to proactively address any issues, concerns and questions towards the improvement of the patient experience along the health care journey.

All acts, legislations, regulations, and mandates that impact Health programs, policies, services and standards serve to inform our health care programs. These include but are not limited to: Access to Information and Protection of Privacy Act; Dental Professions Act; Disease Registries Act; Licensed Practical Nurses Act; Medical Care Act; Medical Profession Act; Mental Health Act; Midwifery Profession Act; Nursing Act; Pharmacy Act; Psychologists Act; Public Health Act; Vital Statistics Act; and others.

CURRENT PROGRAM AREAS WITHIN THE DIVISION INCLUDE:



UNDER DEVELOPMENT



HUMAN RESOURCES

Through 2016-2017, the Human Resources (HR) division implemented a number of initiatives to help support Health.

HEALTH AND SAFETY

In late 2016, two new positions were added to the HR team in order to enhance safety within Health: Manager Occupational Health, Safety and Environment, and Occupational Health Nurse. Their respective roles focus on a number of projects including: Updating the Health & Safety Guide, Respiratory Protection protocols, Immunization requirements for health care providers and legal compliance for Joint Health and Safety Committees.

Partnering with the Department of Finance, Health identified Respect in the Workplace as a mandatory training program. To date, over 150 employees have attended the training. By the end of June, the two departments will have conducted Respect in the Workplace training for every community in the territory.

INUIT EMPLOYMENT

For this past fiscal year, Health identified 96 positions for Inuit employment. At the end of the year, Health had successfully hired 89 Nunavut Inuit into these positions, raising the overall Inuit employment rate by two per cent, from 48 per cent to 50 per cent.

In 2017-2018, Health will embark on a new Inuit Employment Plan, partnering with the Department of Executive and Intergovernmental Affairs (EIA) to establish new targets, identify gaps in training, and implement training programs to promote Health as an employer of choice, increasing the Inuit-representative workforce. The new plan will be implemented in September 2017 and will be available for review by all employees.



50%
Inuit employment

PROCESSING EFFICIENCIES

Each year the HR department produces over 25,000 documents requiring a Deputy Minister's (DM) signature. Over the last several years, HR has been working to improve the paperwork process through Health Headquarters (HQ). Since 2014, efficiency has improved drastically with the majority of documents being processed in less than one business day. Additional work is underway to standardize forms and provide additional information, with the goal of seeing error rates on submitted documentation decline, further enhancing processing time.

In early 2017, Health and Operations conducted a joint study on hiring to

standardize the hiring process and reduce the potential for errors. A result of this study indicated that the time to hire in Health aligns with timelines seen in Canada and Europe. Additional training on a standardization process will commence in late 2017.

NURSING

Seventy eight indeterminate nurses were hired through 2016-2017. The vacancy rate has held steady at approximately 32 per cent over previous years despite the fact that job shares have increased, and Health has added a number of nursing positions to the overall complement in 2014, 2015 and 2016. Expected program enhancements by Operations and HR in the upcoming year are expected

to further enhance retention. New or enhanced programs include: more job share opportunities, nursing mentorships and orientation, cultural and operational orientations, and leadership training. Due to its lucrative bonus structure for community health centres, Nunavut continues to have one of the highest compensation rates for nurses in the country, with the goal of attracting the highest quality nurses to the territory.

Health continues to work with Nunavut Arctic College to train Nunavummiut for careers in nursing. Each year, the college graduates three to five new nurses who go on to work in the territory in a customized graduate nursing program. Nursing students are provided with hands-on clinical placements,

opportunities for summer student employment while in school, and bursary/scholarship opportunities.

SUMMER STUDENTS

Each year, Health actively seeks summer students to promote careers in the field. Over the past year, Health hired 27 students for placements in 10 communities representing all regions of the territory. Opportunities included positions in Health Centres, Policy and Planning, Finance, and Public Health. Health is expected to continue this trend with the hire of approximately 30 students in the upcoming year.



CORPORATE SERVICES

The Corporate Services sector continued its varied and diverse work through the 2016-17 fiscal year. Spanning across operational segments including Finance, Medical Travel, Health Insurance, eHealth, Capital and Contract Management, Corporate Services supported the activities of the clinical teams in providing effective and timely health care for all Nunavummiut.

In conjunction with the support of responsibility centre managers across the Department, the Finance Division managed an operations and maintenance budget of approximately \$371 million. With multiple uncontrollable aspects to our operations, ongoing close stewardship and governance allowed Health to control expenses to within forecasted targets.

**BUDGET OF
\$371 MILLION**



500 CONTRACTS



**32,000 MEDICAL
TRAVEL TRIPS**

Contract administration remains a vital aspect of Health's financial operations. In fiscal year 2016-17, Health's Contracts Division administered over 500 contracts, grants and contribution agreements, and other miscellaneous memoranda on behalf of Health. Included in that value are over 300 service contracts totalling more than \$27 million.

Medical travel continues to be the largest non-salary program to be managed by Health. With 2016-17 expenditures of approximately \$74M and nearly 32,000 trips booked across the territory in the year, Medical Travel staff excelled in facilitating access to health care services for all Nunavummiut. Medical Travel Management, in conjunction with Health

Insurance staff, also were instrumental in the implementation of the new Non-Insured Health Benefits (NIHB) funding to ensure escorts were available for NIHB eligible expectant mothers who were required to travel away from their communities to deliver their children. This benefit came into effect on April 1, 2017.

Health's eHealth Division continued with the ongoing proliferation of various technologies across the whole territory. Health continues to implement an Interoperable Electronic Health Record (iEHR) system called MEDITECH in all Nunavut Health facilities. In 2016-17 Gjoa Haven, Arviat, Kugluktuk, Baker Lake, Igloolik and Nauyasat community health centres were all brought onto the



Meditech platform. Implementation in Kimmirut and Clyde River is scheduled to occur by July 2017 and the remaining 11 communities by March 2018.

Meditech provides a collection of electronically-stored health information in a digital format. It allows clinicians full access to patient charts including diagnostic images and reports regardless of where the patient was seen in the territory and empowers clinicians to provide higher quality care, with greater efficiency.

Advances in digital radiology have helped reduce the turnaround time on x-ray images from what would have been up to 21 days in the past to within two hours for emergency exams in each of Iqaluit, Pangnirtung, Gjoa Haven, Cape Dorset and Najuaat. The use of Picture Archiving and Communications System (PACS) software allows diagnostic images to be sent directly to the Ottawa Hospital to be reported upon by a radiologist, rather than the time consuming process of sending films of images from a community to be read. Health recently completed a procurement process that will see

digital radiology units installed at every community health centre across the territory by December 2017.

The use of telehealth also expanded across the territory. Telehealth units have been installed in every community health centre and mental health facility in the territory allowing Nunavummiut to access more services by video in their home community and reducing the need for them to travel for care. In the prior year, 1126 clinical sessions and 7156 hours of time were used on the telehealth network, keeping clients closer to home, saving many medical travel flights and facilitating learning, development and training across Health.

The Health Insurance Office saw improvements to many of the backend processes and databases where information is held securely. There has been a system upgrade and implementation to the claims processing software (CPS) for health care registrations, pharmacy, out of territory physicians, hospitals, and medical travel claims. This upgrade provides enhanced features for data entry, better search capabilities and flexibility for rules editing.

CPS staff processes approximately 250,000 claims annually.

Nunavut participates in the national Eligibility Portability Agreement with each province and Territory. When seeking a Nunavut Health Care card, typically individuals moving to NU and establishing a residence may be eligible on the first day of the third month of arrival. Like all jurisdictions, there is a requirement to prove that NU will be the residence where the greatest amount of time is spent. Validation may be requested such as length of employment, rental agreements or statutory declarations.

The Vital Statistics software program is now able to accept and store scanned documents from clients. All vital statistics registrations (live birth, death, marriage) are now being stored both physically and

electronically. Staff is currently working on scanning archival documents from 1999 to present and issues approximately 1200 official certificates per year.

A new Contribution Agreement between the GN and Health Canada for non-Insured Health Benefits (NIHB) was signed that spans from April 1, 2017 to Sept 30, 2017. Negotiations are continuing for a long term NIHB agreement with Health Canada to commence October 1, 2017.

A new Extended Health Benefits (EHB) policy came into effect July 1, 2016. Along with the new policy, Health Insurance implemented reporting to identify and send letters to eligible seniors two months prior to their 65th birthday and EHB eligibility. EHB currently has approximately 300 active EHB clients, out of which 128 are seniors.

PUBLIC HEALTH

The Public Health Branch provides direction and leadership throughout Nunavut regarding the core functions of public health, which includes programs that protect and promote the health of the population while preventing disease, ensuring emergency preparedness and monitoring disease surveillance.

The objectives of Public Health in Nunavut are as follows:

To develop and implement a broad range of evidence informed public health programs to improve the health status of Nunavummiut.

To monitor trends in disease and health determinants, enabling an informed response to public health issues.

To work in partnership with communities, empowering them to take an active role in issues that affect community health and wellbeing.

To strengthen partnerships with Inuit organizations with respect to public health programs and policy development.

To evaluate the effectiveness and relevance of Public Health programming.

OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH

The Office of the Chief Medical Officer of Health (CMOH) provides public health expertise to support the key operations of health protection, disease prevention and health promotion. The CMOH provides leadership and expertise to the public health unit, including health protection and the population health unit. The CMOH establishes and maintains public health standards and best practices as well as advocates for the preservation and improvement of the health of Nunavummiut.



PUBLIC HEALTH ACT

With a commitment to protecting and promoting the health of Nunavummiut, Health put forward Bill 14, the Public Health Act. The current public health legislation dates from 1957 and is silent on key topics such as health promotion. Bill 14, titled the Public Health Act, passed its third reading in the Fall 2016 Sitting of the Legislative Assembly, and will come into force once regulations have been put in place. Having effective legislation and regulations in place helps manage communicable diseases, health hazards, food safety, safe water, and health promotion.

HEALTH PROTECTION

The Health Protection unit works to protect public health and safety. The unit provides leadership in program development as it relates to the prevention and control of communicable diseases. It offers direction and evidence-informed advice to a variety of Public Health practitioners, internal and external partners, stakeholders and organizations on issues pertaining to communicable disease prevention and control.

Environmental Health Officers (EHOs) are part of the Health Protection Unit. EHOs inspect and monitor activities and premises that may affect the public's health. They advise, inspect and educate operators of public places like restaurants, daycares, swimming pools, rental properties, and personal service establishments about safe practices to protect the public. Additionally, EHOs protect Nunavummiut from potential rabies exposure, zoonotic disease, and other health risks linked to unsafe drinking water, unsafe housing, and other unsafe conditions in the environment. The emphasis of this unit is to work specifically with the public in ensuring their health and safety.

POPULATION HEALTH

Health Promotion Unit

The Health Promotion Unit supports individuals, groups, and communities to obtain knowledge, skills, and control over decision-making, advocacy, and community mobilization of resources to achieve population health and wellness. The programs provide for direct involvement and partnerships of key stakeholders in matters pertaining to the delivery of public and population health programs including: tobacco reduction, food security, school health, maternal and child health, chronic disease and injury prevention, mental wellness, sexual health and active living.

Population Health Information Unit

The mandate of the Population Health Information Unit (HIU) is to deliver relevant, timely and accurate health information to identify ways to better manage the overall health system, support the delivery of health programs, and inform health policy. In response to territorial needs, the HIU collects and manages information related to health system utilization and health conditions,

both within and outside of the Territory. The unit also stores national data through agreements with federal partners, including Statistics Canada, Health Canada, and the Public Health Agency of Canada.

In order to improve access to health information for decision-making, the HIU makes extensive use of data through statistical and qualitative analysis to produce reports for internal and external partners. In collaboration with territorial, provincial and federal partners, the HIU regularly monitors and reports on trends in cancer and other chronic diseases, mental health, and congenital anomalies.

The unit serves as the liaison with the Canadian Council of Cancer Registries, the Canadian Chronic Disease Surveillance System, and the Canadian Congenital Anomalies Surveillance System.

The HIU is a resource for Health, providing consultation on research design and methodology, data standards, and reporting of health indicators. The unit also works diligently to protect the privacy of Nunavummiut by ensuring the confidentiality of health information, guided by territorial legislations and established policies and procedures.



QUALITY OF LIFE SECRETARIAT

The 2015/16 and 2016/17 fiscal years saw the establishment of the Quality of Life Secretariat. This unit is the Government of Nunavut lead for the development of suicide prevention, intervention and post intervention strategies as well as action plans, interdepartmental coordination for implementation activities and reporting.

Nunavut's Chief Coroner decided to hold an inquest into suicide following a high rate of suicide in 2013. The inquest, held in September 2015, heard testimony from family members, clinicians, researchers and Nunavut Suicide Prevention Strategy (NSPS) Partners (Government of Nunavut, Nunavut Tunngavik Incorporated, Embrace Life Council and RCMP). The jury produced eighty-nine recommendations in their verdict. At the conclusion of the inquest, the Partners committed to reviewing the jury recommendations and continuing their partnership. Nunavut Premier Peter Taptuna declared suicide to be a crisis on October 25, 2015. One

dedicated position was created in the department of Health to coordinate a response.

The Partners of the NSPS re-adopted the strategy's vision, goals and approaches to suicide prevention, on January 8, 2016, and agreed to jointly developing Action Plans consistent with the jury's verdict.

On March 7, 2016, the Partners released *Resiliency Within, An Action Plan for Suicide Prevention in Nunavut 2016/17*. It was organized along the original eight commitments of the Nunavut Suicide Prevention Strategy: focused and active approach; continuum of mental health services; equip youth to cope with adversity; intervention training; research for understanding; communicate with Nunavummiut; early childhood development and support community development. It allowed the Partners to undertake important work to implement the jury's recommendations from the Coroner's Discretionary Inquest

into Suicide, build on successes of the previous action plan and engage stakeholders for a longer-term plan to foster and support resiliency within Nunavummiut and our communities.

Funded in May 2016, the one-year plan included Inuktitut counselling delivered by wellness organizations, an expansion of Uqaqatigiiluk! Talk About It! the Nunavut version of Applied Suicide Intervention Skills Training [ASIST] and standardizing Inuktitut terminology for emotions, mental health and suicide, among other initiatives. The Quality of Life Secretariat was established with an office of four staff.

The United for Life Summit was held from May 4 to 6, 2016, at the Frobisher Inn in Iqaluit, hosted by the Partners. The purpose of the Summit was four-fold:

- To support individual and collective healing;
- To strengthen the network of individuals and organizations involved in suicide prevention and wellness promotion in Nunavut;
- To celebrate and promote community capacity and community-led promising practices; and,

- To work toward consensus on priorities for the next Nunavut Suicide Prevention Action Plan [2017-2022].

Summit events included sharing circles, presentations and panels, small table conversations, and plenary conversations. There were several self-care activities and artistic performances scheduled. Counselors were also available to participants 24 hours per day.

There were approximately 100 participants. They came from across Nunavut and included survivors; community wellness leaders; staff from government, Inuit organizations, and non-governmental organizations; elected representatives; youth; adults; and Elders. There were also several participants from the federal government, a handful of southern-based NGOs, and a special guest from the Attawapiskat First Nation.

Strengthening the network of individuals and organizations involved in suicide prevention and wellness promotion in Nunavut continued throughout the year. The GN was a primary sponsor of the Hope, Help and Healing Conference, an annual conference of the Canadian Association for Suicide Prevention, in Iqaluit in October 2016. A meeting of

territorial wellness stakeholders was held in March 2017 to better understand the challenges and opportunities and plan for providing culturally relevant counselling services in Inuktitut. Later that month, The GN and Nunavut Tunngavik Incorporated hosted a Knowledge Exchange [Best Brains Exchange] with the Canadian Institutes of Health Research, on suicide prevention in the north, which allowed stakeholders from across the territory to learn from other indigenous experience and support community-based leadership in suicide prevention.

The Quality of Life Secretariat also began work to improve the cultural safety of health clients and their families. Several Inuit specific mental wellness resources are now available through the mental health office, such as the 2015 Qilaut CD and a youth graphic novel on healthy relationships. A workshop to increase cultural competence of those working in Nunavut, Indigenous Cultural Competence, was delivered to 100 staff followed by a train-the-facilitator workshop which saw eight GN staff become certified trainers. Training sessions are being rolled out across the territory.



ISAKSIMAGIT INUUSIRMI KATUJJIQATIGIIT EMBRACE LIFE COUNCIL (ELC)

The department of Health provided funds to the Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (ELC) to undertake a number of suicide prevention initiatives, including a media campaign and child sexual abuse prevention resource development. The mission of the Embrace Life Council is to support the mental health and wellness of Nunavummiut through mental health and wellness promotion, training, program delivery and

collaboration on community initiatives. New in 2016/17, ELC became the delivery agency for Uqaqatigiiluk! Talk About It! Applied Suicide Intervention Skills Training (ASIST). Open to the public, this program teaches participants to identify, intervene and help prevent the immediate risk of suicide.

MORE INFORMATION:

www.inuusiq.com

“WE ARE LOVED AND SOMEONE OUT THERE
CARES FOR US. TALK TO SOMEONE YOU TRUST.
NAGLIGIJAUJUTIT TAMAPSI.”

JEREMY KUUK



SERVICES

MEDICAL TRAVEL

The Department of Health (Health) Medical Travel division (MT) facilitates medical and client travel services on behalf of five client groups including the Nunavut Health Insurance Plan (NHIP), Non-Insured Health Benefits (NIHB), Government of Nunavut (GN) Employees, Department of Family Services (DFS), Health's Mental Health division (MH) and Health duty travellers.

All travel services provided by MT are directed by the relevant government policies and the client's insurer. Services provided by MT include air transportation, ground transportation, accommodation, and meal arrangements.

MEDICAL TRAVEL

Medical travel eligibility is determined by the Medical Travel Policy (Policy) issued by the Minister of Health and approved by the Nunavut Legislative Assembly. The Policy guides the activities surrounding approved

medical travel for clients who need to access necessary health services not available in their home community.

In 2016-17, MT arranged 32,000 scheduled medical travel round trips. MT manages contracts with Canadian North, First Air and Calm Air to provide scheduled airline services to those eligible for medical, client or duty travel. All scheduled airline contracts are set to expire in August 2019. In 2016-17 Health worked with CGS, Finance and ED&T to prepare for the contracting process and evaluate the best procurement method for the GN and Nunavummiut.

In 2016-17, MT arranged 2,012 medevac one-way trips. MT also manages contracts with Keewatin Air and Aqsaqniq Air for the provision of medevac services to those who require medical evacuations from Nunavut communities. In 2016-17 the RFP process for the provision of medevac services in Kitikmeot region was successfully executed with the help of CGS.

In 2017-16 Health continued a multi-phase review of the entire medical travel program and delivery to ensure a high quality of service for Nunavummiut who must travel to access health care services outside of their home community. This comprehensive review includes medical travel programs, operations and

policies. As part of the larger review, Health MT and NIHB are collaborating on improvements to medical travel program delivery through a joint working group established in 2015-16.



PATIENT RELATIONS

The Office of Patient Relations (OPR) was established to educate patients on navigating the health care system, and proactively address any issues, concerns and questions to improve a patient's experience along their health care journey.

The office welcomes suggestions and feedback on how to make the health care experience more comfortable for Nunavummiut. The office collects this information to improve quality on a number of levels.

Some services provided are:

- Provide information on the feedback process
- Assist patients and families to navigate the health care system
- Direct patients and their families to the appropriate person within the system
- Help those with questions related to the rights of the patient, or concerns about care and services
- Provide advice on conflict resolution for patients, families and hospital personnel
- Investigate patient concerns and provide conclusions in a timely manner
- Make recommendations to improve patient care following investigation of a concern

OPR is committed to:

- Listen to feedback, suggestions, concerns
- Respect feedback, suggestions and concerns from patients, their families and the health care team
- Communicate your feedback, suggestions and concerns to appropriate members of the health care team
- Answer questions about services, policies and procedures
- Support a confidential, courteous and respectful environment
- The OPR has improved capacity and outreach to Francophone patients by hiring a French language Client Services Coordinator on a casual basis, as the position is in queue to be advertised by Human Resources.
- The OPR is implementing an electronic system to track concerns.
- For the time period between April 2016 and April 2017, the Office of Patient Relations had approximately 130 complaints registered and addressed.

- Main issues of concern submitted by clients and or their guardians & family members include escorts for medical travel, inadequate assessment, and attitude & conduct issues.
- Since April 2015-2016 there has been a slight decrease in the number of concerns registered with the OPR.

Complaints by Region April 2016 – April 2017

Communities	YTD
Iqaluit	40
Qikiqtaaluk	35
Kivalliq	32
Kitikmeot	23
Nunavut Total	130

Total # of Files Open

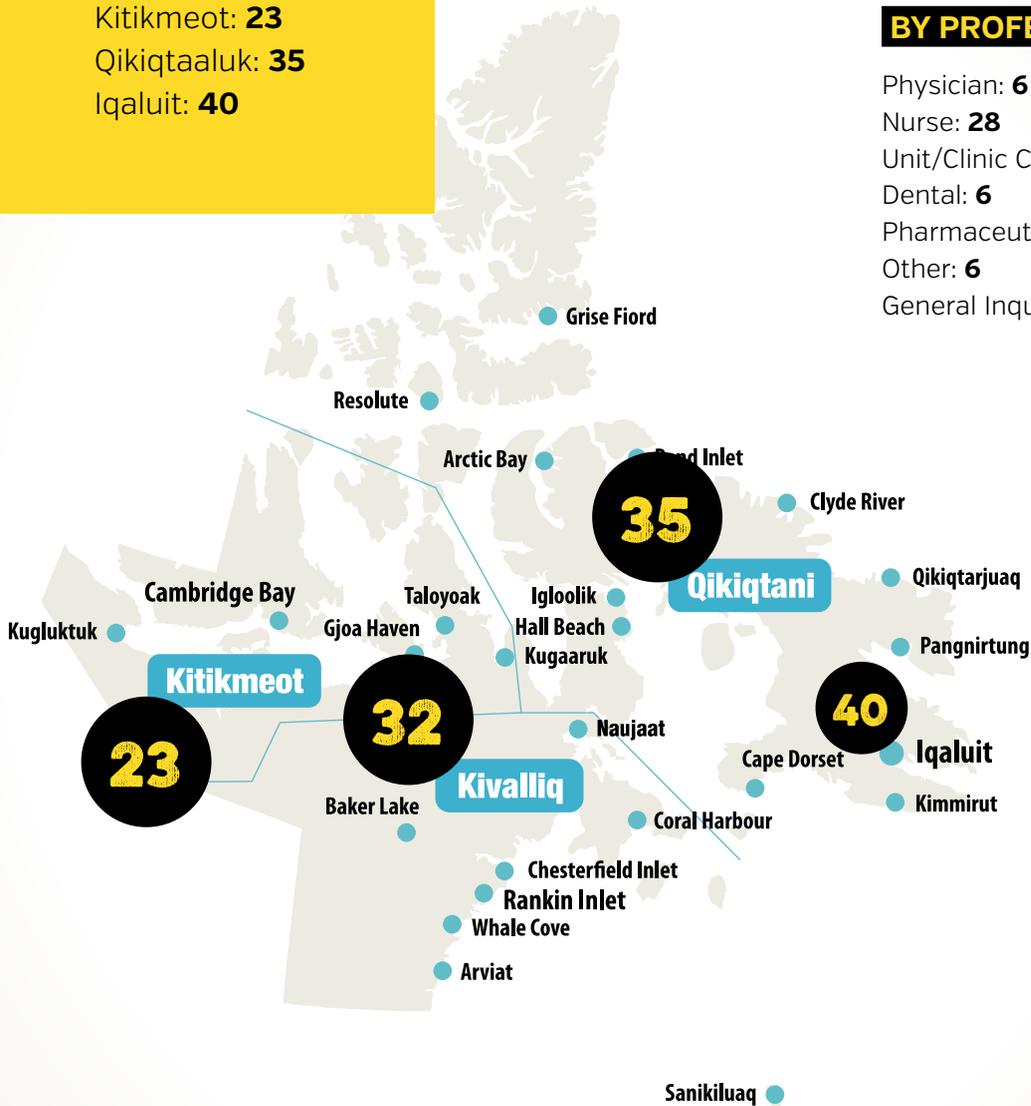
BY REGION

Kivalliq: **32**

Kitikmeot: **23**

Qikiqtaaluk: **35**

Iqaluit: **40**



Total # of Complaints

BY PROFESSION

Physician: **6**

Nurse: **28**

Unit/Clinic Clerk: **7**

Dental: **6**

Pharmaceutical: **5**

Other: **6**

General Inquiry: **72**

TYPES of Complaints

- Accessibility
- Access to Service
- Attitude/Courtesy
- Care/Treatment
- Communication
- Environment
- Financial
- Medical Travel
- Patient Escort
- Privacy
- Safety

FILING AN OFFICIAL CONCERN

What is a Concern?

While Health strives to provide the best possible care, you might believe that you

- Have not received the service you wanted or needed
- Were not listened to
- Were not respected

Complaints may be about any care or service provided in or outside of Nunavut by any staff or contracted health provider of Health. The care or service may have been provided at a health centre, a hospital, a residential care home, a boarding home, Non-Insured Health Benefit (NIHB) dental office, or within any of our health services.

Filing a Concern - 3 STEP PROCEDURE

STEP 1

The first step toward voicing your concerns is to bring the issue to the attention of those closest to your care – the nurses, physicians or other staff looking after you. In many cases, these individuals have the greatest knowledge about your situation and are able to respond to your concerns quickly and efficiently.

STEP 2

If you are unable to resolve your concern at the point of care, ask to speak with the manager of the unit or service area where you were located. The manager will contact you and set up at a time that is convenient for the two of you to discuss your concerns.

STEP 3

If you remain unsatisfied after speaking with the health centre manager, you might consider bringing your concern to the Office of Patient Relations

You can submit your concerns verbally in person; via telephone; in writing via email; posted letter; or by completing a standardized downloadable form available on Health's website.

SENIOR CARE

SENIORS

HOME AND COMMUNITY CARE PROGRAM

The Home and Community Care (HCC) program helps Nunavummiut care for themselves with help from family and community members to maintain their sense of independence and well-being. The Home and Community Care program provides health care and support services, based on an assessed need, in the comfort of an individual's home when he or she needs support due to illness, poor health, or disability.

During 2016-17, 893 individuals received services through Nunavut's HCC program. Territorial program capacity was increased with the development of a HCC program in Baker Lake. The program is led by a Supervisor of Home and Community Care and includes three Level 1 Home and

Community Care Workers responsible for providing home support, and two Level 2 Home and Community Care Workers responsible for providing personal care in addition to home supports.

ELDERS' HOMES

There are three Elders' Homes (Arviat; Baker Lake; Iqaluit) with an eight-bed capacity each designated to providing Level 2 or 3 assisted-living residential care for seniors in Nunavut.

Over the 2016-17 fiscal year, Health was planning and preparing for the consolidation of all residential long-term care for seniors to become a departmental responsibility. Effective April 1, 2017, the responsibility for Nunavut's three Elders' Homes (Arviat; Baker Lake; Iqaluit) was transferred from the Department of Family Services to Health. This action provides

a clear focus on seniors' health care needs by assigning responsibility for the entire continuum of seniors care to one department.

CONTINUING CARE

Health provides residential long-term care services to Nunavummiut who have complex care needs, require Level 4 or 5 care and can no longer be supported in their own homes or assisted-living residential facilities.

There are three Continuing Care Centres located in in Nunavut: Cambridge Bay, Gjoa Haven and Igloolik, with a total of 28 beds combined.

During 2016-17, both Gjoa Haven and Igloolik were at capacity. The official opening of the continuing care unit in the Kitikmeot Regional Health Centre in Cambridge Bay took place March 22, 2017.

See levels of care descriptions on page 19.



ACCESS TO INFORMATION AND PROTECTION OF PRIVACY (ATIPP) ACT

The Government of Nunavut (GN) uses the Nunavut Access to Information and Protection of Privacy (ATIPP) Act to guide its actions regarding the right for individuals to access information held by public bodies and protect personal privacy. Any collection, use, disclosure or loss of personal information that is not permitted by the ATIPP Act or another Act is classified as either a privacy breach or a privacy incident. A privacy breach can be intentional or unintentional and has the potential to cause serious harm to the individuals to whom the information belongs. Privacy incidents are those that are unintentional and can be quickly and easily corrected, however, an unintentional breach can also be classified as a privacy breach if it causes serious harm to the individuals involved.

Recognising that personal health information is both sensitive and

confidential, Health, in partnership with the Department of Community and Government Services, has updated the Interoperable Electronic Health Records (iEHR) Privacy and Security Directives. This provides guidance to employees, contractors, and agents of the GN on matters concerning the management of eHealth Systems, including the iEHR system. Clients expect and trust that Health staff will protect the confidentiality, privacy and integrity of their personal health information.

The right to access records through ATIPP only applies to public bodies such as a department, branch or office of the Government of Nunavut, or an agency, board, commission, corporation, office or other body designated in the ATIPP regulations (Schedule A). It does not apply to MLA records, Legislative Assembly records, records of Executive Council

[Cabinet] and municipalities. Court records, except for court administration records, are also excluded from the ATIPP Act

The purposes of ATIPP includes:

- Making public bodies more open, accountable and transparent and facilitating democracy by ensuring that citizens have the information they need to participate meaningfully in the democratic process; and
- Allowing individuals the right to request a correction to personal information held by public bodies; and
- Preventing the unauthorized collection, use or disclosure of personal information by public bodies.

An individual seeking access to general information from the GN must enclose a \$25.00 fee with their application. This fee is not required if an individual is requesting information about themselves. To place a formal ATIPP request, the applicant must:

- 1) Identify the public body that has the information they are looking for; and
- 2) Place their request in writing on the prescribed form; and
- 3) Deliver, fax, mail or e-mail the request to the ATIPP Coordinator in the public body that has the information they need; and
- 4) Pay any fee that may apply.*

All forms for this ATIPP application process are available on the Government of Nunavut website at the following link: <http://www.gov.nu.ca/eia/information/how-place-atipp-request>.

Individuals who wish to access their medical records do not need to go through the ATIPP Coordinators. They can simply call, email or fax their health centre to request their records. These individuals would be required to sign the Consent to Release of Information form before the records are released. Parents and legal guardians can also access medical records on behalf of children under the age of majority [18].

* Outside of the application fee, there are other fees that may apply including search and retrieval fees, as well as photocopying fees. Further information regarding fees is available at the following link: <http://www.gov.nu.ca/eia/information/atipp-fees>.

Whenever possible, the GN will provide individuals with access to information informally, while following the principles of the ATIPP Act. Other records that are available to the public without

placing a formal ATIPP request include publications, brochures, policies or guidelines, reports and information about government programs and services that affect the public.





HIGHLIGHTS

HEALTH PROTECTION PROGRAMS

The Health Protection Unit (HPU), provides leadership in program development as it relates to the prevention and control of communicable diseases as well as direction and evidence-informed advice to a variety of Public Health practitioners, internal and external partners, stakeholders and organizations on issues pertaining to communicable disease prevention and control. An integral part of this work is to monitor disease trends for potential outbreaks and take the necessary control measures to prevent and/or eliminate outbreaks in the territory. Communicable diseases of concern in Nunavut include: Sexually Transmitted Infections, Tuberculosis, Vaccine Preventable Diseases, Food and Waterborne Diseases.

The Health Protection Unit also collaborates with territorial, provincial, and federal partners to monitor the emergence of antimicrobial resistant bacteria, as well as novel and emerging diseases on a global scale.



COMMUNICABLE DISEASE PROGRAM AND SURVEILLANCE TEAM

The Communicable Disease Program and Surveillance Team works closely with regional and community partners to prevent, manage and report cases of notifiable diseases. Current projects include developing and distributing the Nunavut Communicable Disease Manual and the Nunavut Immunization Manual to healthcare practitioners in each community. These materials provide protocols on case management and reporting for each disease on the Nunavut Reportable Diseases list, as well as protocols for administering and handling of vaccines.

The Communicable Disease Program has recently taken the lead on reviewing and updating the Nunavut childhood immunization schedule to reflect the new immunization recommendations from the National Advisory Committee on Immunizations. The first Nunavut Communicable Disease Report was produced by the Surveillance Team in

2016 and reflects rates of communicable diseases in Nunavut from 2007 – 2014. To review this and other disease-related reports, please visit <http://www.gov.nu.ca/health/information/health-statistics>.

ENVIRONMENTAL HEALTH PROGRAM

The Environmental Health Program helps protect human health by addressing issues such as food safety, drinking water quality, pest control, contaminants, compliance inspections related to tobacco sales, and any other factors in the environment that might impact human health. The Environmental Health Program is comprised of Environmental Health Specialists and Environmental Health Officers (EHOs) located in Iqaluit, Rankin Inlet, Pangnirtung, and Cambridge Bay. All Environmental Health Officers are certified public health inspectors through the Canadian Institute of Public Health Inspectors (CIPHI), and have delegated powers under the Nunavut Public Health Act.

The Environmental Health Program is heavily involved in environmental

contaminants and impact assessments to mitigate health impacts to Nunavummiut. The program is currently in the process of rewriting Public Water Supply and Zoonosis regulations in Nunavut. A comprehensive Water Program is in its early stages of development, and could include updates to legislation, standards and policies on drinking water quality and quantity and how they are linked to health outcomes.

A comprehensive, evidence-based Tobacco Education and Compliance Program (TECP) is underway. All EHOs are now trained in tobacco inspection and continue to work with 99 licensed tobacco retailers in Nunavut to ensure the understanding of their obligations under the Tobacco Control Act (TCA).

EMERGENCY RESPONSE AND PREPAREDNESS PROGRAM

Health is committed to responding in an immediate and coordinated fashion to emergencies that may require health services. Emergencies may include health components such as treating individuals or be related to public health topics such as keeping drinking water safe.

Health will be working to increase employee knowledge and skills to be better prepared for responding to health related emergencies.



There are two exercises meant to increase knowledge and skills:

- 1) Operation Nanook 2017
Administered in Rankin Inlet, members of the Canadian Armed Forces have been planning a mass casualty exercise since September, 2016 that will test the health centre's response to an emergency.
- 2) Staff from Health have been working with the Canadian Coast Guard on an exercise to test the ability to respond to an emergency cruise ship evacuation within Nunavut waters.



MENTAL HEALTH AND ADDICTIONS PROGRAMMING

In this annual report, we are highlighting the mental health and addiction services available to Nunavummiut. While there are staffing challenges, most health centres now have a Community Psychiatric Nurse (CPN) or a Mental Health Consultant (MHC) working as part of the local health team. Service is provided through telehealth when staff are not available. The CPN / MHC works with clients to evaluate, address, and support their mental wellness.

Mental health services available at the community level include: assessment, counselling, case management, crisis intervention, suicide risk assessment, and suicide risk safety planning. Referrals and appointments are made with visiting psychiatrists or through tele-psychiatry. Children and youth have access to the well-respected SickKids Hospital [Toronto] Tele-psychiatry Program through Connected North, in partnership with Cisco Canada and the Royal Bank of Canada [RBC] Foundation.



A number of communities have partnered with local CPN / MHC staff to offer mental wellness programming, including:

- youth mentorship programs [select communities]
- Aqiipaliatuinaaq: Recovery and Moving Forward [Iqaluit]
- Strengthening Families [Baker Lake], and
- Bro Talk, Girls Talk [Baker Lake].

In addition, the CPN / MHC provide clients with information regarding other available community resources.

Every effort is made to meet clients' needs within their home community through one-on-one treatment plans developed with the CPN / MHC. In acute situations, clients may be transferred to hospital in Iqaluit or out-of-territory for treatment.

When it is determined that additional treatment and support is required, participation in one of the two mental health residential programs within Nunavut may be considered: 1) The Akausisarvik Mental Health Facility [Iqaluit] and 2) Cambridge Bay Mental Health Facility.

In certain cases, client's needs cannot be met within the community or the territory. In these instances, clients are referred to mental health or addiction residential treatment programs to receive out-of-territory care. The CPN / MHC continues to follow their client's progress and provides support for a successful transition back to their home community.

In the past year, the Mental Health and Addictions team held planning sessions focused on strengthening addictions treatment and recovery support capacity across the territory.

The team was consulted by the Department of Finance regarding planning in response to the Iqaluit beer and wine store referendum, and regarding the Federal government's plan to legalize cannabis – both of which are anticipated to have health implications for Nunavummiut.

HEALTH PROMOTION



RENEWAL OF THE NUNAVUT WELLNESS AGREEMENT 2017-2027

The Nunavut Wellness Agreement (NWA), refers to the Contribution Agreement between Health Canada; First Nations and Inuit Health Branch, and the GN's Department of Health. The existing 5-year NWA expired on March 31, 2017 and a 10-year Contribution Agreement with Health Canada was developed to ensure continuous funding for community-based health promotion and disease prevention programs in Nunavut. The new Agreement will be effective April 1, 2017 to March 31, 2027. The development of the Health Plan and new agreement has been endorsed by Nunavut Tunngavik Incorporated (NTI).

The NWA includes community-level and territorial programming for health and wellness aiming to improve the health

and well-being of individuals, families, and communities. The NWA provides long-term and stable funding for wellness programming in order to achieve program sustainability at the community level. In addition, the NWA funds and supports Community Wellness Programs through unique Community Wellness Plans, Community Capacity Development and Territorial Health Promotion Initiatives. The NWA also funds components of the Home and Community Care program.

COMMUNITY WELLNESS PROGRAMS

Community Wellness Programs consist of the Federal programs formerly known as Brighter Futures Program, Canada

Prenatal Nutrition Program, Healthy Living, Aboriginal Diabetes Initiatives, Injury Prevention, Nutrition North Canada, National Aboriginal Youth Suicide Prevention Strategy, National Native Drug and Alcohol Abuse Program, and the Solvent Abuse Program.

Utilizing funding from the NWA, Community Wellness Programs support community-based initiatives that aim to improve the health and well-being of individuals, families, and communities. Through Community Wellness Programs, communities demonstrate programming in various health promotion areas, including, but not limited to: Nutrition; Mental Health Promotion; Maternal and Child Health; Active Living; Injury Prevention; Sexual Health; Chronic Disease; Tobacco Reduction; Substance Use; and Addictions.

Community Wellness Programs are independently developed and facilitated by communities and supported by Health. This funding encourages and supports the health and wellness of Nunavummiut through a community-determined approach. Community Wellness Programs emphasize the development of knowledge and skills to provide Nunavummiut with opportunities to design, develop and participate in health and wellness projects;

promote awareness and understanding of health issues; and improve the quality of, and access to, culturally appropriate wellness information and services at the community level.

As part of the NWA renewal, Health facilitated communities to design their own two to five-year Community Wellness Plan [CWP]. Written by the community for the community, the plan aims to identify unique and individual community priorities for health and wellness.

Workshops were held in each of the three regions in September and October, 2016. During the workshops, community representatives were provided with the resources necessary to help coordinate and facilitate consultations in their own community and to begin the CWP development process. Exercises, activities, presentations, and discussions focused on the importance of community engagement and consultation for the renewal of their plans. Furthermore, the workshops provided communities with the opportunity to establish new relationships and connections to health and wellness.

As of Spring 2017, all 25 Nunavut Communities have new, multiyear Community Wellness Plans actioned.



COMMUNITY CAPACITY DEVELOPMENT

Health provides funding to support the operation of Community Health and Wellness Committees which exist to identify and address community health and wellness priorities. Health is invested in enhancing the ability of Community Health and Wellness Committees [CHWC] to determine their health and wellness priorities and carry out programs in line with them. Support from Community Health Development Coordinators provides training and support to increase the capacity of Community Health and Wellness Committees.

Health continues to work with Health and Wellness Committees to support their operations and roles in community health and wellness programming.

Educational Upgrade Program

Health has developed an Educational Upgrade Program [EUP] to increase the number of Nunavut Inuit Health workers.

Currently, 15 Nunavut Inuit employees are enrolled in EUP to attain a diploma from the Community Health Promotion [CHP] program offered through the Native Education and Training College [NETC] in Ontario. Students, who successfully complete the diploma program, will be equipped with the skills and knowledge needed to effectively deliver health care promotion and services, as well as act as community health and wellness promoters. Furthermore, these students will have an opportunity to complete a Bachelor's degree in Health Administration at Athabasca University or Health Sciences at Thompson Rivers University [online delivery platform].

MENTAL WELLNESS PROGRAM

The Mental Wellness program is committed to supporting improved mental health and resilience of Nunavummiut and reducing the incidence of suicide within the territory. The program aims to promote and increase awareness of, and participation in, mental health and wellness services and programs across the territory. Its messaging aims to adopt a strengths-based approach, promoting protective factors for mental health and emotional well-being. The mental wellness program works in collaboration with the Quality of Life Secretariat as well as key stakeholders and partners across the territory.

One example of the work supported through the mental wellness program is a health-specific literacy initiative called *Inuutsiarniq*. This initiative integrates age-appropriate messaging related to emotions, healthy relationships, positive coping skills, bullying, and dealing with difficult situations. The initiative also includes educational resources

developed in line with the Department of Education's guided reading program. This will be available in schools throughout the territory.

The Mental Wellness Program is also actively involved in supporting Community Wellness Programs in an effort to further incorporate cultural, traditional, and language programs that nurture mental health and wellness.

To assist in increasing awareness of community wellness programs and the benefits of participating in them, a Community Wellness Newsletter, *Inuusittiarngniq*, was developed. The newsletter will be used as a 'toolkit' for communities to share information about program funding, successful management, challenges, and each community's vision and goals.

To date, two issues of the newsletter have been released on a seasonal timeline.

A key partner in mental health promotion and suicide prevention is the Isaksimagit Inuusirmi Katujjiqatigiit Embrace Life Council (ELC), which the Mental Wellness program collaborates with on various projects, resources, and communication materials. Moreover, Health provides support for the different mental health and

suicide prevention training opportunities that ELC provides, such as Uqaqatigiiluk! Talk About It, the Nunavut adaptation of the ASIST program.

One project in development that is particularly noteworthy is Our Children, Our Responsibility: a child sexual abuse prevention training initiative created in Nunavut. The module will be made up of educational videos (filmed in Nunavut), and followed by facilitated discussions to engage adults on how the community can protect children from sexual abuse, and what to do if a child discloses information. Implementation of this training is scheduled for 2017/18.

NUTRITION

The Nunavut Nutrition program is guided by the vision that *“All Nunavummiut will enjoy niqittiavaknik nirinasuaqniq (healthy eating) to help support good health, well-being, and self-reliant and productive lives. To achieve healthy eating, people will have access to food that is safe, nutritious and culturally valued and will not experience hunger or worry about hunger.”* To promote healthy eating for Nunavummiut, a variety of advocacy, resources, and campaign initiatives are undertaken that focus on health promotion, food security, and the prevention of nutrition related disease.

A few highlights include:

- An annual rickets prevention campaign providing resources and training to community wellness workers;
- Community Health Representatives and nurses received Nunavut specific diabetes prevention materials;

- 42 out of 44 schools participated in this year's Drop the Pop campaign. Drop the Pop promotes making healthy drink, food and lifestyle choices to students;
- Several resources that focus on promoting food and nutrition skill building, including store-bought food preparation skill tear-sheets and an early years healthy eating storybook are in development; and,
- The Nutrition unit represents the Department of Health on the Nunavut Food Security Coalition and Secretariat.



Community-led Canada Prenatal Nutrition Programs (CPNP) are currently running in 23 communities. Program priorities include: breastfeeding promotion and support, nutrition education, and support for pregnant women and new parents. In an effort to improve overall program sustainability, consistency, and quality, the Territorial CPNP Coordinator provides technical expertise, strategic direction, leadership and mentorship to community

CPNPs. Through this role, Nutrition is developing Nunavut specific program infrastructure. In 2016-17 the Coordinator created highly popular telehealth learning sessions that have been successful in attracting an average of 18 community CPNP workers from 10 different communities per session.

COUNTRY FOOD IN FACILITIES AND PROGRAMS

Health, in partnership with the Nunavut Food Security Coalition, has developed Guidelines for serving country food in GN-funded facilities and community-based programs. The Guidelines were created so that more country food could be offered to Nunavummiut, in a way they want to enjoy it!

Would you like to have the choice to eat frozen fish, boiled seal, or muktuk when you are in hospital? Health is planning a pilot project to explore the implementation of a traditional food program in a health facility. As well, this project will include information about keeping food safe, and information on reducing risks of zoonotic disease [diseases that move from animals to humans, like trichinosis].

The Guidelines and Zoonotic Disease fact sheets can be found at: <http://www.nunavutfoodsecurity.ca/node/928>

SEXUAL AND REPRODUCTIVE HEALTH

Health's Sexual Health Program implements Nunavut's Sexual Health Framework for Action. Nunavut continues to experience high rates of sexually transmitted infections and unplanned pregnancy. Young people in Nunavut are more likely than their peers in the rest of Canada to report having had sexual intercourse.

The goal of the Sexual Health Program is to enhance the ability of Nunavummiut to make choices about their sexual and reproductive health. Therefore, a major focus of the program is to develop resources and provide training that will enhance Nunavummiut's knowledge and skills to stay sexually healthy.

In 2016/17, the Sexual Health Program:

- Released an educational resource and poster regarding sexual consent, and began the development of a resource on healthy relationships.
- Revised www.irespectmyself.ca to ensure content reflects issues pertaining to Nunavut's population and added lesson plans and classroom presentations for sexual health education.
- Provided in-person training for Community Health Representatives and teachers to increase their confidence in teaching sexual health.
- Provided telehealth training to health care providers on syphilis diagnosis, treatment, management, contact tracing, and prevention.
- Co-led the development of a Nunavut-specific child sexual abuse prevention training with Embrace Life Council and Voice

Found (this resource will be pilot tested in 2017).

- Participated and supported the development of content for the Inuutsiarniq Literacy Program.
- Distributed safer sex supplies including condoms, condom dispensers, and personal lubricant for community-based condom distribution programs.



MATERNAL AND CHILD HEALTH

Maternal and Child Health (MCH) programs support and respond to community needs and address MCH issues related to: Fetal Alcohol Spectrum Disorder (FASD); Sudden Infant Death Syndrome (SIDS); and parenting skills, among other subjects.

In response to Nunavut's high rates of infant mortality, specifically around SIDS, Nunavut Baby Beds were created to address this significant issue and to strengthen the Maternal and Child Health system in Nunavut. Not only does this program provide a Baby Bed to new parents, it also promotes early and consistent pre-natal care, breastfeeding, and early childhood development.

A renewed Maternal and Child Health framework is in development and planned for completion in the summer of 2017. A situational analysis on the current status of MCH in Nunavut is being conducted to identify gaps and areas for focus. This project is being led by Health with input from various government departments,

Inuit organizations, and community partners. Data collection is complete, and a literature review, focus groups and key informant interviews are underway.

Health continues to collaborate with the Qaujigiartiit Health Research Centre (QHRC), the Department of Family Services and Department of Justice to train facilitators to implement the Inunnguiniq Parenting Program; a culturally relevant parenting resource developed in Nunavut. Health also participates on the steering committee for the Canada Northwest FASD Partnership, supporting and advancing the work in FASD.



TOBACCO REDUCTION

The Tobacco Reduction Program completed the final year of its cabinet approved five-year strategic plan: Nunavut Tobacco Framework for Action, 2011-2016. The strategic plan is guided by the broad goals of:

- Tobacco prevention;
- Protection;
- De-normalization; and,
- Cessation.

The program operates under several key areas for action:

1. Increase Community Awareness;
2. Strengthen Cessation Activities;
3. Target Youth and Schools;
4. Monitor and Adjust Taxation;
5. Enhance Regulatory Enforcement; and,
6. Research, Monitoring and Evaluation.

Tobacco use rates in Nunavut are currently 74 per cent of the population aged 16 and older [LQAS, 2016]. Therefore, the work by the Tobacco Reduction Program continues to be relevant and important.

Operation of Tobacco Control Act (TCA)

- The Tobacco Enforcement and Compliance Program [TECP] completed educational outreach visits to all 99 territorial tobacco retailers. Inspections by Environmental Health Officers are currently underway to ensure compliance with Nunavut's TCA.
- The fifth phase of Tobacco Has No Place Here [THNPH] focused on educating Nunavummiut on tobacco control laws in Nunavut. The 2016/2017 component was launched during National Non-Smoking Week [NNSW], January 15-21, 2017. The message encouraged adults to “Pass on something better” and not provide tobacco to minors.

Two online tobacco cessation training modules were developed and launched, one for community health workers and one for health care professionals. Telehealth and in-person education sessions are ongoing, with more than 150 health workers trained to date. As well, community-led cessation activities targeting youth and pregnant women are underway in 10 pilot communities. Wellness activities with tobacco

messaging incorporated include sewing groups, on the land youth empowerment programs (in partnership with QHRC), and the Te(a)ch computer coding programs (in partnership with the Arctic Inspiration award winning Pinnauq Association). To encourage de-normalization of tobacco use, Qikiqtani General Hospital launched its Tobacco-Free Grounds Program on June 30, 2016, with one designated smoking area on the property, plus cessation supports for staff, visitors and patients.

CANNABIS

Cannabis use in Nunavut is high, with Statistics Canada reporting that adults in Nunavut use cannabis at a rate four times the national average (32.5 per cent vs 7.9 per cent use in the last year). Adolescent use of cannabis is also concerning, with students in Nunavut found to be more than twice as likely to report having used cannabis in their lifetime than students in the rest of Canada.

In Nunavut, RCMP-reported data shows that cannabis accounts for the majority of police-reported drug offenses. According to Statistics Canada, the rate of cannabis

offences in Nunavut is higher than any province at 729 per 100,000 and more than four times the national average (164 per 100,000).

In the Spring of 2017, the Federal government tabled legislation to legalize cannabis. This legislation will impact all Canadian jurisdictions, including Nunavut. In response to the legislation, an interdepartmental working group has been established to review and develop policy and regulatory options. The Government of Nunavut is working collaboratively with other jurisdictions and federal counterparts to identify best practices for implementation and identifying options for Nunavut.

INJURY PREVENTION

Injury Prevention aims to reduce unintended deaths, disabilities, and serious injuries that are a result of the most common and preventable causes among Nunavummiut and is committed to providing Nunavummiut with the knowledge, skills, and tools to make the safe choice the easy choice.

During the 2016/2017 fiscal year, various resources and communications were developed, implemented, and evaluated on injury prevention. Topics focused on water, ice, and boat safety; firearm safety; road safety; rabies and dog bite prevention; and solvent abuse and poison prevention.

Health developed a Water Smart Project in collaboration with the Hunter's and Trapper's Organizations and Hunter's and Trapper's Associations. 150 floatation suits were distributed to communities to increase drowning prevention measures. Health, in collaboration with the RCMP, procured 3,000 trigger and cable locks to continue the door-to-door campaign to minimize firearms related injuries or deaths.

In collaboration with the RCMP, the Injury Prevention program increased community capacity by training and certifying approximately 40 new instructors across Nunavut to teach the Canadian Firearms Safety Course. This course aims to increase knowledge about safe handling, storage, and use of firearms, and the number of Possession and Acquisition Licenses.

Health piloted the lockbox project in four communities which consisted of supporting Nunavummiut to build lockable wooden boxes in efforts to reduce access to jerry cans, camping fuel cans, propane tanks, ropes, nets, and other hazardous materials.

To reduce the incidence of bite injuries and rabies, Health developed a campaign to educate Nunavummiut about rabies and dog bite prevention efforts. Health is working closely with the Department of Justice, and other departments and key stakeholders to address shared concerns regarding a multi-sectoral approach to road and ice safety.

CANCER

The average life expectancy of Inuit is 13 years shorter than the national average, and half of this disparity can be attributed to cancer. Nunavummiut experience higher rates of lung, colorectal, oral and digestive cancers; when combined, these account for 68 per cent of all cancers in Nunavut.

During the 2016/2017 fiscal year, Health undertook a project to assess the feasibility of developing a population-based territorial colorectal cancer screening program. This project concluded with a detailed proposal that outlined a three-phase implementation plan. The proposed implementation plan highlights special considerations, assesses risks, and outlines a roll-out strategy that aligns with existing capacity within the territory. The program will be implemented in a phased approach, and will build on territorial systems and protocols that currently exist within Nunavut. Phase one of the implementation is expected to begin in 2017 – 2018.

Health has also undertaken a planning project with Canadian Partnership Against Cancer (CPAC) to develop tobacco cessation supports for Nunavummiut cancer patients who use tobacco. Tobacco use and smoking is a direct cause or a contributing cause of many cancers. Through community consultation, environmental scans, and literature reviews, Health identified factors that impact and impede tobacco cessation for Nunavummiut cancer patients, highlighted the range of initiatives that support tobacco cessation, established

a list of recommendations to support this work moving forward, and identified possible next steps. This project provides many opportunities to combine health promotion initiatives and clinical practices to support the reduction and cessation of tobacco use among Nunavummiut and Nunavummiut cancer patients.

ALCOHOL AND SUBSTANCE USE

Health is currently developing resources to support alcohol harm reduction. These resources are intended to motivate individuals who are struggling with addictions to seek help, de-stigmatize help-seeking behaviour, de-normalize alcohol consumption among youth and pregnant women, and disrupt harmful drinking patterns among adults.

In February 2016, Health completed filming of the *Journey of Hope* talk focusing on alcohol, and features community members who share their stories about how they began using addictive substances, how they overcame their addiction, and how they managed their journey through sobriety. The talk show features a mental health counsellor who discusses some

of the health and mental health impacts of using addictive substances. It is anticipated to be aired during Fall 2017.

Health also worked with the Ilisaqsiq society, a highly-recognized community wellness organization in Clyde River, to develop a set of seven videos and seven public service announcements that discuss the harms associated with excessive alcohol consumption. The videos and PSAs discuss topics around the dangers of mixing alcohol with medication, the impacts of alcohol on pregnant women and FASD, and the impacts of alcohol addictions on families and communities. Health has developed lesson plans to support the videos and PSAs, and these resources will be distributed throughout the territory to support community health representatives

[CHRs] to engage in discussion around alcohol. Health is also developing a roll-out plan to broadcast the videos and PSAs through a variety of media channels throughout the territory. The videos will be broadcast publicly during the 2017-2018 fiscal year.

COMMUNITY HEALTH REPRESENTATIVES

The Community Health Representative [CHR] assists Public Health Nurses and health promotion staff in creating activities that promote healthy communities. This is achieved through assessing the health needs in communities and delivering health promotion events and programs that



are relevant to community priorities. The CHRs play an important role in providing support, encouragement, knowledge, skills, advice and services to Health, and to their respective communities.

CHR are community members who have direct knowledge of culture and context which contributes to health in Nunavut, as well as an understanding of the historical impact of colonization on the health and well-being of Nunavummiut. CHRs understand that family, social and community relationships affect how individuals interact with the health system. As the cultural bridge between the community and the health care system, CHRs share community knowledge with new and existing staff at the community, regional, and territorial levels. CHRs participate in telehealth sessions, skill building workshops, teleconferences, advisory and working groups, and engage in online programs. CHRs also advise on the distribution of resources and programs and the reception of these resources in the community. They also form partnerships with various community organizations and fill an advocacy role by connecting Health with the community.

During the Fall of 2016, Health successfully hosted regional CHR training. This included orientation as well as discussion involving the Inuit Qaujimaqatunqangit Guiding Principles and their relationship to public health issues such as sexual and reproductive health. Additional topics covered during the training involved reviewing administration duties, and logistics for planning and organizing community events. Health continues to support CHR training, professional development and skill building opportunities.

INNUTSIARNIQ LITERACY PROJECT

Health is working to enhance health and socio-economic indicators by supporting the Department of Education's *Uqalimaariuqsaniq* Inuktitut Guided Reading Program through a companion health-focused stream called the *Inuutsiarniq* Literacy Program (*Inuutsiarniq*). The *Inuutsiarniq* Literacy Program ensures that age appropriate healthy messaging about nutrition, life skills, tobacco, addictions, physical activity, injury prevention, mental

health and sexual health is embedded into the Department of Education's Guided Reading Program. This program supported the development of classroom books, classroom activities, take home books, e-books, a mobile application, and classroom posters.

Using age-appropriate strategies in preparing educational resources used by teachers from Kindergarten to Grade 12, ensures that children are engaging effectively with the messages and topics at key stages in their development. The *Inuutsiarniq* resources are culturally appropriate,

with images and stories that positively reflect life and culture in Nunavut, which will resonate with Northern students, as it is important for children to see themselves and their communities reflected in their learning materials.

In 2015, classroom books, take-home books, and learning activities were developed for levels 4-8 (Kindergarten and Grade 1) and translated into all official languages. In 2016, classroom books, take home books, and extension activities were developed for levels 9-11 (Grade 2) and translated into all official languages.



RESEARCH AND SURVEILLANCE

In the spring of 2016, Health completed a survey to monitor health promotion programs. The methodology used was a Lot Quality Assurance Sampling (LQAS), which is used to survey small populations. Community Health Representatives completed surveys with randomly selected members of their communities. Three target demographics were asked to participate in the survey: biological mothers of infants 0-11 months; female caregivers of children 1-3 years; and the general population of Nunavummiut over the age of 16. Questions were asked about maternal and child health, sexual and reproductive health, nutrition, tobacco reduction, oral health, and mental health. Results from the survey can be retrieved by contacting Health. Another round of the survey which will include additional health topics, is planned for the Fall of 2017.

STRATEGY ON PATIENT ORIENTED RESEARCH (SPOR)

The Government of Nunavut (GN), Department of Health (Health), and partners Nunavut Tunngavik Inc. (NTI) and Qaujigiartiit Health Research Centre (QHRC), are working to assess the feasibility of developing a Strategy on Patient Oriented Research (SPOR) which will be led by the Canadian Institutes of Health Research (CIHR). The partners are committed to research excellence and have an interest in furthering collaborative, respectful, contextualized research to support local, territorial, and government priorities.

Participation in SPOR, and the creation of a Nunavut based SUPPORT [Support for People and Patient Oriented Research and Trials] Unit would ultimately provide assistance to the work of the partners by driving research for Nunavut, in Nunavut, carried out by Nunavummiut. The partners envision a Nunavut SUPPORT Unit to be an

independent centre, with the dual purpose of supporting Nunavut informed research, focused on locally-driven priorities, as well as being a coordinating centre for excellence in research and logistics.

Ultimately, the Nunavut SUPPORT unit will focus on: research projects directly linked to local strategic priorities; supporting the development of local expertise and capacity; and developing the skills of local researchers. Currently, this project is in its preliminary stages. A business plan will be developed during the Summer of 2017 for this initiative.

Additional research Health is supporting includes:

- Looking at CPT1A gene variant that may be linked to poorer health outcomes in Inuit children.
- A 3HP drug efficacy trial for a more efficient and cost-effective way of treating people with latent tuberculosis infections; and
- Piloting a point of care testing for common diarrheal organism diagnosis in health centres.



ORAL HEALTH

1 CHILDREN'S ORAL HEALTH PROJECT (OHP)

The Children's OHP is designed to help improve the oral health status of young children in Nunavut through focused oral health promotion, prevention and treatment activities.

The main focus of the project is to provide treatment and preventive services to children from birth to nine years of age. The project is based on oral health promotion and prevention activities (fluoride varnish and sealants), annual oral health screening, assessment by a dentist, and treatment interventions (temporary fillings and urgent treatment such as extractions). The objectives are to reduce pain and infection as well as the need

for hospitalization and treatment under general anesthetic (GA) for this young patient group. The project services are provided by Dentists, Dental Therapists (DTs), Dental Hygienists (DHs), Community Oral Health Coordinators (COHCs), and Territorial Community Oral Health Coordinators (TCOHCs).

2 ORAL HEALTH PROMOTION PROGRAM

The oral health promotion program aims to improve the oral health status of all Nunavummiut through education, prevention, and capacity building. The program's objective is to have all Nunavummiut achieve optimal oral health status, wherein oral disease is reduced and tooth loss is prevented.

The main area of focus of oral health initiatives is on young children and their caregivers in Nunavut. The oral health promotion plan involves multiple promotional activities delivered by various providers in community settings. This will allow for repeated exposure of the population to oral health information, leading to greater familiarity with oral health concepts to increase oral health literacy.

Activities and key areas:

- **Pregnant Women and New Caregivers**

Oral health components have been integrated into a number of existing programs targeting pregnant women and/or new caregivers: Canada Pre-natal Nutrition Program (CPNP), Well baby clinics, Immunization clinics, Community Action Program for Children (CAPC), Aboriginal Head Start, etc. The intention of these components is to develop oral health literacy and personal oral hygiene skills that will be passed on to the child, and subsequently carried throughout life.

- **Tobacco Users**

Many outcomes of tobacco use [e.g., tooth discoloration and staining, gum disease, tooth loss, oral cancer, etc.] are related to oral health; so there is a natural point of integration with the Tobacco Cessation Program.

- **Pre-Kindergarten to Grade 12 Students**

Oral health promotion is being delivered along with clinical treatment and prevention services [fluoride varnish and mouth rinse]. An educational brochure focusing on early detection, primary prevention, and personal oral hygiene skills is also given to all participants. Preventive services are currently delivered by DTs, DHs and COHCs. During the fluoride application process, caregivers and children learn about good oral health practices. “Teaching Teeth” and the “Lift the Lip” brochures reinforce key oral health messaging.

Key messaging of the 2016-2017 Drop the Pop Campaign aims to acknowledge that “drinks like pop, fruit drinks, slushies, and energy

drinks are high in sugar. They can lead to tooth decay and may increase the risk of developing obesity and diabetes”. Integrating an oral health focus into the campaign will help reinforce oral health messaging. By inserting oral health alongside nutritional information, Health hopes to create a sustainable oral health element in school-based programming.

- **Oral Health Website**

A Nunavut specific oral health website (www.nunavutsmiles.ca) was launched in April 2016 with content presented in each of Nunavut’s four official languages. This includes: Dentist schedules, DHs and denturists visit to each community; interactive gifs to illustrate oral care and protection for all ages; and resources for educators.

THERE IS HELP

Going through hard times is normal. We can get through hard times with the love and support of family, friends, Elders and counsellors. Connect with support and advice for yourself or someone you care about:

MENTAL HEALTH AND ADDICTIONS

Free, confidential mental health and addictions support at every Community Health Centre and Iqaluit Mental Health. Psychologists and other mental health professionals are available through TeleHealth. Referrals and Medical Travel are provided when services are not locally available. Interpretation is available for Inuktitut, Inuinnaqtun and French.

Community Health Centre, for appointments and on-call emergencies
Iqaluit Mental Health, [867] 975-5999
Qikiqtani General Hospital, Emergencies, [867] 975-8600

IRS RESOLUTION HEALTH SUPPORT PROGRAM

Free, confidential mental health and emotional support services are available for former residential school students and their families. In Nunavut, cultural wellness and healing is provided by Ilisaqsivik, Tukisigiavik, Pulaarvik Kublu and the Cambridge Bay Wellness Centre. Psychologists and other mental health professionals are also available. Transportation is provided when these services are not locally available.

National Crisis Line, 24 hour, 1-866-925-4419 (Inuktitut, English, French)
Northern Program Coordinator, Health Canada, 1-800-464-8106 (English and French)
Ilisaqsivik Toll-free counselling line, 1-888-331-4433 (Inuktitut and English)

GOVERNMENT OF NUNAVUT EMPLOYEE AND FAMILY ASSISTANCE PROGRAM

Free, confidential counselling is available for GN employees and their immediate family members. Many resources are available like mental health and addiction support, psychology, and online courses.

Toll-free line, 24 hour, 1-800-663-1142
[English, French and Inuktitut through interpreter]
www.homewoodhumansolutions.com



2016-2017